NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)
TRANSFER FORM
Transfer to New College / Change in Title Form

If you are currently enrolled in NYSHIP and will be transferring to a new college, will have a new title or both, you must complete this form. This will ensure your NYSHIP coverage remains uninterrupted and you maintain continuity of benefits. Delays in completing this form may jeopardize health insurance coverage.

Section A: Reason for Submission (check one):

☐ Transfer Only ☐ Change in Title Only ☐ Both Transfer & Change in Title

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Section B: Employee Information

Name (Please Print):_____ NYSHIP ID #: _____
(Last, First)

Last or Current Appointment (check one): ☐Spring ☐Summer ☐Fall Year: _____

College: _____ Appointment Date: _____
Month/Day/Year

Title: _____

Section C: New Appointment / Title Information (check one):

☐Spring ☐Summer ☐Fall Year: _____

College: _____ Appointment Date: _____
Month/Day/Year

Title: _____

By signing below, I attest that the information above regarding my new appointment or change in title is accurate, and that I approve the transfer of my health insurance deductions from my current paycheck to the paycheck associated with my new appointment or title change.

_____ _____ _____
Signature Date Phone Number

If you are a Ph.D. Student at the CUNY Graduate Center, you may email the form to healthinsuranceinfo@gc.cuny.edu.
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If you are an Engineering Ph.D. Student at City College, you may email the form to Kim Ferguson at kferguson@ccny.cuny.edu .

If you are enrolled in a Ph.D. Program at the CUNY School of Public Health, you may email the form to Arthur M. McHugh, Jr.at Arthur.McHugh@sph.cuny.edu.with a copy to Angie.Rivera@sph.cuny.edu.

Updated August 2020